## RECEIVED CENTRAL FAX CENTER

NO.619 P.6/6

MAR 0 4 2005

PTO/SB/122 (09-04)

Approved for use through 07/31/2005. OHS 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
as collection of Information unless it displays a valid OMB control number.

| Under the Paperwork Reduction Act of 1885, its persons all radiates to  | 53,000                 |                          |
|---|------------------------|--------------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  | Application Number     | 10/774,021               |
|   | Filing Date            | February 6, 2004         |
|   | First Named Inventor   | Om Adalsteinsson, et al. |
|   | Art Unit               | 164B                     |
|   | Examiner Name          | Stacy Brown Chen         |
|   | Attorney Docket Number | CV0070A                  |
| Please change the Correspondence Address for the above-identified patent application to:  |                        |                          |
| The address associated with Customer Number:  |                        |                          |
| OR  |                        |                          |
| Firm or Individual Name McCarter & English, LLP   |                        |                          |
| Cittzens Bank Center Address 919 N. Market Street Suita 1800 P.O. Box 111   |                        | ·                        |
| City Wilmington   | State<br>Delaware      | Zip <sub>19899</sub>     |
| Country United States of America  |                        |                          |
| Telephone (302) 984-6393 Fax (302) 984-6399   |                        |                          |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).   |                        |                          |
| I am the:   |                        |                          |
| Applicant/Inventor  |                        |                          |
| Assignee of record of the entire Interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |                        |                          |
| Attorney or agent of record. Registration Number 41,129   |                        |                          |
| Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number   |                        |                          |
| Signature b. C.M.   |                        |                          |
| Typed or Printed Basil S. Krikelis  |                        |                          |
| Date Merch 4, 2005 Telephone (302) 983-6393   |                        |                          |
| NOTE: Signatures of all the threntors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                        |                          |
| Total offorms are submitted.  |                        |                          |
| This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or subgestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                        |                          |

If you need assistance in complating the form, call 1-800-PTO-9199 and select option 2.